



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
FOR CERTIFICATE REPLACEMENT OR NAME CHANGE

For **REPLACEMENT CERTIFICATE, NAME/ADDRESS CHANGE**, fill out this form and submit copy of identification with your current name and social security number. For name change you must send documentation showing the change. (For example, a copy of your social security card with current name, Marriage License or Divorce Decree, whichever applies). Submit certificate/license you are replacing, and \$20.00 fee (**check or money order**).

Social Security Number: _____ - _____ - _____ Birthdate: _____ - _____ - _____ Sex: M ___ F ___

Name: _____
(Last) (First) (MI)

Other Names Used: _____

Current Mailing Address: _____
(Street) (City/State) (Zip)

Phone Number (Home) () _____ - _____ (Work) () _____ - _____

NOTE: All applicants must sign this application below. All forms received without a signature will be returned. It may require up to 10 business days to provide the requested replacement certificate.

Indicate which certificate(s) you are requesting to be replaced. Include identification number. A nonrefundable fee of **\$20.00** is required for **EACH NEW CERTIFICATE** requested.

_____ **Nurse Aide** (ID# IF AVAILABLE _____)

Home address at time of state test: _____

City and date test was taken: _____

Name of Vo-Tech/Community College: _____

_____ **Home Health Aide** (ID# IF AVAILABLE _____)

_____ **Medication Aide (CURRENT ONLY)** (ID# IF AVAILABLE _____)

We will not print expired certificate

I hereby attest that the information provided on this form and any attachments are accurate to the best of my knowledge.

Signature _____

Date _____

Return completed form, attachments, and fee to:

**Health Occupations Credentialing
Curtis State Office Building, Ste. 200
1000 SW Jackson Topeka, KS 66612-1365**

Web site: www.kdheks.gov/hoc

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